

Healing America's Drug Users

The previous chapter outlines the Administration's work to prevent drug use before it starts. Recognizing that despite prevention efforts, some people will choose to begin using drugs, and many of them will become addicted, the Administration has made intervention and treatment a priority.

Indeed, 19.1 million Americans have used at least one illicit substance in the past month. Intervention and treatment are therefore key components to the President's drug control strategy. Both aim to accomplish two important goals: stem the use of illicit drugs, while providing help to those who have become addicted.

Adopting a public health understanding of drug use and addiction provides important insights into what is a preventable and treatable disease. Drug use is a learned behavior most often transmitted by peers who are non-dependent users and have yet to show the negative effects of using illicit substances. The consequences of drug use are often delayed and therefore not always apparent, so current users can appear to live normal, productive lives before the effects of use take hold. During this "honeymoon period," the user may convey the impression that drug use is not dangerous, and subsequently others with whom they interact may likewise choose to use drugs. In this sense, the so-called "casual" drug user is a critical vector in the spread of this behavior.

The Administration's prevention efforts, described in the previous chapter, work to curb the spread of drug use by building a culture that rejects drugs. This effort is built on

Hope and Healing at Oxford House

The first Oxford House was founded in Silver Spring, Maryland, in 1975 by a group of recovering alcoholics. The idea was simple—provide a safe and supportive environment to maintain sobriety. The house was run democratically, and expenses were divided by the residents. News of the success of the first house caught on, and the Silver Spring home's founding charter became a handbook for setting up houses across the country that promote recovery from substance abuse. Today, there are more than 1,000 Oxford Houses for individuals recovering from alcoholism and drug dependency. The Oxford House model is considered by many treatment professionals to be a particularly successful recovery support program.

Paul Molloy was one of the founders of the original house in Maryland. He now works in the central office for Oxford House, Inc., supporting Oxford Houses across the country. He credits the success of Oxford House to the support that residents give to each other.



Paul notes, "The concept underlying self-run, self-supported recovery houses is the same as the one underlying Alcoholics Anonymous and Narcotics Anonymous—addicted individuals can help themselves by helping each other abstain from alcohol and drug use one day at a time for a long enough time to permit a new set of values to be substituted for the values of a lifestyle in which alcohol and drugs were used."

To enter an Oxford House, an individual must pledge to remain sober. A relapse results in immediate expulsion from the house. This rule ensures that the house remains a safe and supportive environment for all the residents, and reinforces the notion that recovery requires a change of heart as well as changes in behavior and an affirmative decision to remain drug and alcohol free.

Oxford House is built on the principle of self-help. The houses are run democratically, which helps the residents learn responsibility. The typical house has 8–15 residents, who must be interviewed and voted into being a resident of the home. Although homes often have waiting lists, a group of six or more individuals may charter their own house. Oxford House has a policy that states that as long as residents remain drug and alcohol free, pay the modest house dues, and maintain good behavior, they may remain in the house without pressure to leave.

education, outreach, and intervention programs and relies on the individual to make an informed decision.

However, even the best prevention efforts can be undermined by young people witnessing seemingly consequence-free drug use. Therefore, intervening with users who are in early stages of use is important both to ensure that the user does not develop dependency and to interrupt the transmission of this behavior to others.

The Administration is focused on expanding intervention programs and increasing the options for treatment. Intervention programs focus on users who are on the

verge of developing serious problems. Focusing on this nexus is cost effective and limits the spread of drug use by individuals who are in the early stages of use before the negative effects of continued use and addiction begin to fester.

A key priority of this Administration has been to make drug screening and intervention programs part of the Nation's existing network of health, education, law enforcement, and counseling providers. This requires training professionals to screen for drug use, identify users, and refer the users for treatment.

Hospital Screening in Houston

Substance abuse problems are common among all ages and socio-economic groups. Screening, Brief Intervention, Referral and Treatment (SBIRT) in the medical setting is an effective and cost-efficient method to stop substance abuse before it starts and provide help to individuals who have become addicted. Despite evidence that SBIRT programs are effective at reducing substance abuse and promoting healthy lifestyles, many health care providers do not know how to ask patients about drug use or how to provide referral or intervention services. To address this problem, the Bush Administration awarded grants in 2003 to six states and one tribal entity to develop, implement, and evaluate SBIRT programs in their communities.



One grantee in Texas, InSight, is a collaborative effort including the Texas Department of State Health Services, the Harris County Hospital District (HCHD), the Council on Alcohol and Drugs – Houston, Baylor College of Medicine, and the University of Texas. InSight works to screen all patients within the general medical setting for problematic use of alcohol and drugs and refer patients who may have a problem to a specialist. To do this, InSight provides a multidisciplinary team of specialists for assessment, intervention, follow-up services, and when necessary, placement in treatment programs. They also provide patients with advice on healthy choices about alcohol and drugs.

InSight screens patients using questions such as: Do you smoke or use tobacco? When is the last time you had more than four drinks in

one day? Do you use marijuana, cocaine, or other drugs? Do you use prescription medications that are not yours or other than as written on the label?

Critical to the success of InSight is the participation of physicians, nurses, nursing assistants, social workers, and all generalist health care professionals. The Harris County Hospital District is one of the Nation's largest publicly funded health care systems, and successful integration of the SBIRT program has the potential to significantly increase public awareness about the harmful effects of drugs. It also can provide interventions that decrease initiation of use by adolescents and increase the number of Americans who stop using drugs.

Angel is an example of an InSight success story. At 16, he was in trouble at home, in school, and with the law. His mother first contacted InSight and was encouraged to bring her son with her to an assessment. Angel did not feel comfortable going to "treatment," but he agreed to return to a Harris County school-based clinic to see an InSight specialist. Following his visits, Angel stopped using marijuana, returned home, and is doing better in school.

Since April 2004, InSight has screened more than 38,000 patients, and more than 5,500 patients have been assessed by specialists and provided services ranging from education to brief counseling to intensive treatment. At six months, 37% of patients report that they have abstained from or significantly reduced the number of days they have used drugs in the month before follow-up.

InSight has trained more than 500 health care professionals in screening and referral practices and anticipates increasing the number of patients receiving services to more than 6,000 each year. By the end of 2006, the tools that have led to the successful integration of SBIRT into a large, urban, publicly funded health care district will be available to other systems across the United States.

Faith-Based Treatment Provider Helps Katrina Victims

Tonja Myles and her husband Darren know about putting people's lives back together after devastations. They do it every day in their work as directors of Set Free Indeed Ministries, a faith-based drug and alcohol treatment center based in Baton Rouge, Louisiana.



Their ministry was highlighted by President Bush in his 2003 State of the Union Address. In the speech, the President announced his new Access to Recovery program, which permits people to use a voucher to choose a treatment provider that is right for them, whether the provider is faith-based or secular. For the first time, Louisiana resi-

dents could take a voucher and choose a recovery program like Set Free Indeed.

In August 2005, a new kind of devastation came to Set Free Ministries—Hurricane Katrina. Seeing firsthand the needs of relief workers who had come to the area to help evacuees, Tonja partnered with the Red Cross and the Bethany World Prayer Center to open the largest private shelter for hurricane relief workers. She also worked with other organizations in the area to create the Faith-Based Counseling Alliance, an organization that provides critically needed counseling services to Louisiana citizens displaced by the hurricane and to relief workers.

Tonja relates her response to Katrina to her mission to help people escape from addiction: “I think the reason why we pulled everything together so quickly is that addiction is just like a hurricane. The hurricane hits like addiction, and the hard part is the aftermath; cleaning up people's lives takes the longest time. We are used to being in their lives long term, no matter how ugly it gets. We are in the business of restoring broken lives.”

The Department of Health and Human Services offers grants through the Screening, Brief Intervention, Referral and Treatment (SBIRT) program to universities, hospitals, and health clinics across the country for training health care providers in the early identification of drug use and in proven methods for intervening and treating addicted individuals.

The programs vary widely, and the Administration is evaluating each to identify best practices, which can then be replicated. In one program, new students in a local community college must fill out a survey before opening their school email accounts. The interactive survey takes them through a line of questioning that helps them identify potential substance abuse problems. Students who may have a problem are referred to counselors who can do a more thorough evaluation in person. This program is built on a body of research showing that simply by asking questions regarding unhealthy behaviors and conducting a brief intervention, patients are more likely to avoid the behavior in the future and seek help if they believe they have a problem.

In other programs, emergency medical professionals are given training in how to screen for drug use through verbal questioning and identifying physical signs of drug

use. Individuals can then be more accurately diagnosed because the underlying pathology that brings patients to the emergency room may be linked to illicit substance use. Identified users are then referred to intervention and treatment services as needed.

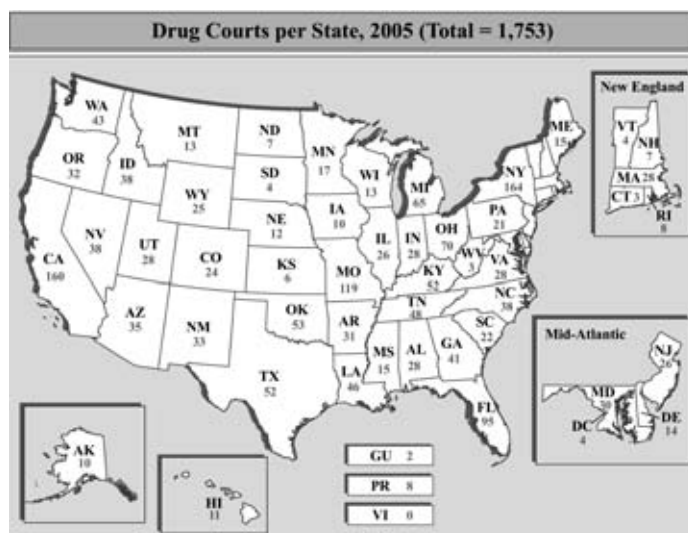
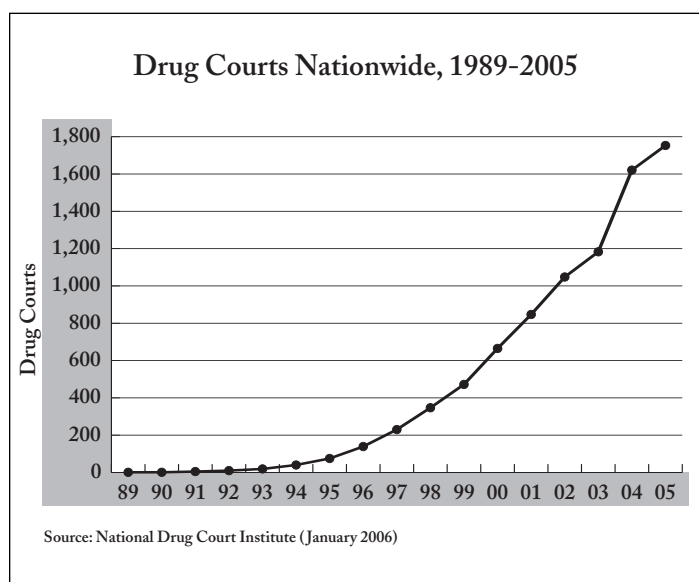
Expanding intervention programs requires including drug screening and intervention training for medical students and for physicians already in practice. The Administration held a medical education conference with leading health professionals in December 2004 to expand the intervention programs of the Nation's existing health service providers. This effort will continue in partnership with the medical community.

For those who have become drug dependent, the Administration is working to expand treatment options across the country. The President's Access to Recovery Program offers vouchers so that people can choose a program that works for them. Access to Recovery expands the choices to include faith-based providers, because a person's faith can play an important role in the healing process. The President's program is now in 14 states and one tribal organization and is working to provide services to the more than 125,000 people who seek treatment each year, but are not able to obtain it, in part, because they

cannot afford it. Indeed, getting users into treatment is also cost effective. One study of treatment programs found that every dollar spent on treatment saves nearly \$7.50 in costs associated with crime and lost productivity.

As part of the President's efforts to expand choice and individual empowerment in Federal assistance programs, the Administration will offer incentives to encourage states to provide a wider array of innovative treatment options by voluntarily using their Substance Abuse Block Grant funds for drug-treatment and recovery support service vouchers. Building on the successful model of the President's Access to Recovery program, distribution of block grant funds through a voucher system will promote innovative drug and alcohol treatment and recovery programs, provide a wider array of treatment provider options, and introduce into the system greater accountability and flexibility.

Another important program to help drug users who have been involved in crime is the use of drug courts. Drug courts are an innovative approach to helping drug offenders achieve a drug- and crime-free life (see *Drug Courts per State, 2005*). Drug courts use the power of the courts and the support of family, friends, and counselors to bring people to the path of recovery and to help them achieve drug free lives. This mix of incentives and sanctions has been found to be effective at reducing recidi-



Source: National Drug Court Institute (2005)

vism. Data show that within the first year of release, 43.5 percent of drug offenders are rearrested, whereas only 16.4 percent of drug court graduates are rearrested.

Taking Action Against Methamphetamine

Methamphetamine is a dangerous and highly addictive drug that poses complex challenges for drug control. Of particular note is the problem of production. Because the drug can be manufactured in homes or vehicles and the precursor chemicals used to make it can be purchased from retail stores, the consequences of methamphetamine go beyond merely using this toxic drug. Indeed, the production of methamphetamine poses, in itself, a challenge for communities. Dangerous chemicals used in the manufacturing of the drug can cause harm to those in the vicinity of the producer. Cognizant of the nature of this synthetic drug threat, the Bush Administration is working closely with state and local authorities to combat methamphetamine use and production.

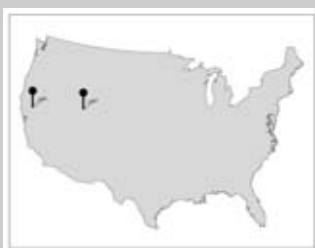
A key element to fighting methamphetamine production is striking a balance in the regulation of precursor chemicals such as pseudophedrine, which are used to manufacture the drug. This balance aims to allow for the use of legitimate products that contain pseudophedrine, such as

cold medicine, while preventing methamphetamine cooks from diverting the chemical for illegitimate uses. The Bush Administration has urged Congress to enact legislation that would limit the amount of pseudophedrine for retail sale to what could be used for individual, legitimate medical purposes. However, diversion of pseudophedrine can also occur when bulk shipments are imported into the United States. To ensure that the drug is not rerouted away from legitimate businesses and consumers, the Administration is working with other countries to improve the flow of information to the US Drug Enforcement Administration (DEA) about bulk shipments of this chemical.

These and other actions to combat methamphetamine are part of the Administration's Synthetic Action Plan, announced in October 2004. The Action Plan was the first step in developing a coordinated, strategic response to the problem of synthetic drugs like methamphetamine. The plan set out more than 40 recommendations for Federal, state, and local action aimed at preventing the illicit use of methamphetamine and other synthetic drugs. Most of these recommendations have been implemented or are in the process of being implemented. The Administration is in the process of developing and releasing a strategic document—a subset of this National Strategy—that details next steps for addressing the problem of synthetic drugs like methamphetamine over the coming years.

Healing Methamphetamine Users

Although methamphetamine is well known to be a dangerous and highly addictive drug, there is hope for individuals who have become addicted.



One successful program is the Butte County Drug Court in California. Of the 1,800 felony probation cases filed in Butte in 2003, more than 60 percent were methamphetamine related. Methamphetamines have so saturated the drug-addict population that 87 percent of current drug court participants have been methamphetamine users. The Butte County Drug Court has helped turn much of this population into productive members of society. Of the approximately 500 participants who have graduated from the program over the past nine years, the aggregate recidivism rate is only 14.9 percent. As Helen Harberts, a Special Assistant to the Butte County District Attorney, put it, "We are 30 years deep in the methamphetamine epidemic in Butte County, California, and drug courts are the only thing that have worked with this population."

Another program that has met with great success is the Salt Lake County Felony Drug Court Program in Utah. Of the 12,395 total

criminal cases filed in 2004, 25 percent were related to use of methamphetamines. This drug court is able to serve up to 1,000 participants at any given time, of which 81 percent have used methamphetamine as their primary or secondary drug. That the program has changed lives for the better is undeniable. Only 15.4 percent of recent graduates were rearrested on new drug charges, compared to 64 percent of eligible defendants who did not attend drug court.

The Honorable Dennis Fuchs, a Salt Lake City judge, praised the success of the program: "As a seasoned judge, I have found that frequent and immediate responses are the most effective way to deal with the methamphetamine addict. In addition, it is essential through treatment and court intervention to get to the underlying cause of the addiction and deal with the physiological and psychological reasons for the addiction. Drug courts are the most effective way to deal with these problems."

Drug courts push users into treatment, and treatment of methamphetamine users is showing promise. At this time, the most effective treatments for methamphetamine addiction are cognitive behavioral interventions, similar to those combating cocaine addiction. These approaches are designed to help modify the patient's thinking and behaviors and to increase skills in coping with stressful situations. Methamphetamine recovery support groups also appear to be effective adjuncts to behavioral interventions that can lead to long-term drug free recovery.